

**BELLEVUE SCHOOL DISTRICT**  
**REQUEST FOR HOME/HOSPITAL INSTRUCTION – PROCEDURE 2165P – EXHIBIT A**

SCHOOL	STUDENT NAME (Last, First, Middle)
STUDENT GRADE LEVEL	STUDENT DATE OF BIRTH

**SECTION 1-THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER**

**DIAGNOSIS:**

- Disease/Injury/Surgery (Primary diagnosis) \_\_\_\_\_
- Drug/Alcohol Treatment
- Pregnancy
- Other\* (describe): \_\_\_\_\_

I certify that this student is unable to attend public school for \_\_\_\_\_ (minimum 4, maximum 18) weeks.

Type/Print Name of Qualified Medical Practitioner (MD, DO, ND, DMD, DC, PA, ARNP, CNM)	Business Address
Signature	Date
	Contact Telephone Number

**---Return to School Counselor When Completed---**

**SECTION 2-THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

TO PARENTS/GUARDIANS: Washington State regulations provide for in-person Home/Hospital tutoring for students, who are temporarily unable to attend school for academic instruction due to a short-term disability or illness. The intent of Home/Hospital services is to keep students current in their regular academic classes while they are temporarily absent from school. Virtual or remote instruction is not considered Home/Hospital tutoring services. The duration of time for Home/Hospital tutoring is a minimum of four weeks and a maximum of 18 weeks. Home/Hospital instruction services will be considered for a student upon receipt of this form signed by the parent/guardian, and this REQUEST FOR HOME/HOSPITAL INSTRUCTION, signed by a qualified medical practitioner who is responsible for and familiar with the student’s care and medical plan.

Student’s Address:(number, street, city, zip code):

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**--Return to School Counselor When Completed--**

**SECTION 3-THIS SECTION FOR SCHOOL USE**

Is the student eligible to receive special education services? Yes  No

If 'yes', the students IEP must meet to determine plan for services and create a Prior Written Notice if needed.

Does the student have a 504 Plan? Yes  No

If the student does not have an IEP or 504 Plan, the student should be referred to the school's evaluative team as the student may qualify for services as a student with a disability.

The school team (counselor, teacher, administrator) must complete the following after Section 1 is completed and after meeting about the student's needs:

- How many hours per week does the student need Home/Hospital instruction?     
  - Home/Hospital will fund two hours of direct service and two hours of planning time/week for the Home/Hospital instructor. Necessary Home/Hospital instruction beyond four hours/week must be arranged and paid for through a funding source other than Home/Hospital.
- What kind of Home/Hospital instruction does the student need? **Teaching instruction**  **Assistance staying current with assignments** 
  - If the student needs teaching instruction, the Home/Hospital tutor must be certified.
  - If the student needs assistance staying current with general education assignments, the Home/Hospital tutor can be an instructional aide or para professional.

Original Request

Extension

NOTE: Beginning date on extension request must consecutively follow ending date of original

Name and Telephone Number of School Counselor or student Case Manager: \_\_\_\_\_

**--Submit this form when sections 1, 2, and 3 are completed to district Director of Health Services--**

**SECTION 4-THIS SECTION TO BE COMPLETED BY DISTRICT ADMINISTRATION**

Section 1 Fully and Properly Completed

Section 2 Fully and Properly Completed

Note: If both Section 1 and Section 2 are fully and properly completed, the district will determine student eligibility for Home/Hospital instruction. If either Section 1 or Section 2 is NOT fully and properly completed, the request for Home/Hospital instruction will be returned to the school.

Date H/H Instruction Approved: \_\_\_\_\_ Number of weeks Approved: \_\_\_\_\_

Beginning date of this H/H request: \_\_\_\_\_ Approved \_\_\_\_\_  
Executive Director

Additional Number of Hours approved: \_\_\_\_\_/week Approved \_\_\_\_\_  
Executive Director